

HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)(To be filed by elected officials, state employees, and board and commission members)

NOTE: Information On This Page Is For Internal Use Only

HAWAII STATE ETHICS COMI 1001 Bishop Street, ASB Tower Honolulu, Hawaii 96813 (P.O. Box 616, Honolulu, Hawa	r, Suite 970	For Office Use Only DATE REC'D:	FILE NO.:
Telephone: (808) 587-0460 Fax: (808) 587-0470 Email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethic			
IMPORTANT: Please read ins	structions carefully before fillin	g out this form.	
FULL NAME (Last, First, Middle	e)		
SPOUSE'S FULL NAME (Last,	First, Middle)		
DEPENDENT CHILDREN'S FULL NAMES (Last, First, Middle)			
RESIDENCE ADDRESS			
MAILING ADDRESS			
BUSINESS TELEPHONE	STATE <u>DEPARTMENT/DIVISIO</u>	ON BOARD/COMM	<u>IISSION</u>
RESIDENCE TELEPHONE	STATE POSITION HELD		TERM OF OFFICE:(mm/dd/yy) Begin: End:

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HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)	STATE POSITION HELD: (Dept/Div or Board/Commission)
	TERM OF OFFICE (Begin/End): /
FOR EACH ITEM EVOERT ITEM O DISCLOSE INTERE	STO OF FILED SPOUSE AND DEDENDENT CHILDREN

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

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F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
[]Check her	e if entry is None	[]Che	ck here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business

the State	e if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.			
F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
[]Chec	[]Check here if entry is None []Check here if additional sheets are attached			

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ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
[]Check here if entry is None []Check here if additional sheets are attached		
ITEM 4: CREDITORS		
ist the name of each creditor to whom the value of \$3,000 or more was gwed during the disclosure period and the original amount and		

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

F,SP, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
[]Chec	k here if entry is None	Check here if addition	al sheets are attached

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

organizati	on, the term of office, and the annual compensation	l.		
F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION

]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

Real prop	erty that is your personal residence or the personal residence	e of your spouse or dependent ch	ildren nee	d not be listed.
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF T MAP KEY NUMBER EXISTS)		VALUE
[]Ched	ck here if entry is None	[]Check here if a	dditional	sheets are attached
	ITEM 7: INTERESTS IN REAL PROPERTY ACQUI sts in real property in or outside of the State acquired during all property that is your personal residence or the personal residence.	the disclosure period, if the interest	est has a v	alue of \$10,000 or
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	RECEIVI	F PERSON NG THE ERATION

]Check here if entry is None	[]Check here if additional sheets are attached
1	. 3

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S)
List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed.

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F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
[]Check h	[]Check here if entry is None []Check here if additional sheets are attached		

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ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

ist the names of clients personally re	presented by you before sta	te agencies, except in	n ministerial matters,	for a fee or cor	mpensation
during the disclosure period, excludin	g clients represented before	courts.			

NAME OF CLIENT	NAME OF STATE AGENCY
[]Check here if entry is None	[]Check here if additional sheets are attached

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
[]Check here if entry is None []Check here if additional sheets are atta				are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE DATE